

YOUR FIRST NAME AND INITIAL 1		LAST NAME		YOUR SOCIAL SECURITY NO.	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.	
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE 2		APT. NO.		DAYTIME PHONE W/AREA CODE: 94 HOME PHONE W/AREA CODE:	
CITY, TOWN OR POST OFFICE 3		STATE		ZIP CODE	

IMPORTANT
You must enter your SSNs.

FOR DOR USE ONLY

Filing Status	4	Married filing joint return			
	5	Head of household - name of qualifying child or dependent:			
	6	Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶		88	
	7	Single			
Exemptions	8	Enter the number claimed. Do not put a check mark.	Age 65 or over (you and/or spouse)	81	80
	9		Blind (you and/or spouse)		
	10		Dependents. From page 2, line A2 - do not include self or spouse.	82	CHECK ONE if filing under an extension:
	11		Qualifying parents and ancestors of your parents. From page 2, line A5.		4 month extension 82D <input type="checkbox"/> 6 month extension 82F <input type="checkbox"/>

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN		12	Federal adjusted gross income	12	
		13	Additions to income (from page 2, line B13)...	13	
		14	Add lines 12 and 13.....	14	
		15	(This line not used.)		
		16	Subtractions. Number from line C27a: 161 <input type="checkbox"/>	16	
		17	Arizona AGI. Line 14 minus lines 15 & 16	17	
		18	18I <input type="checkbox"/> ITEMIZED 18S <input type="checkbox"/> STANDARD	18	
		19	Personal exemptions.....	19	
		20	AZ taxable inc. Line 17 minus lines 18 & 19...	20	
		21	Compute tax. Use line 20 and proper tax table.	21	
		22	Tax from recapture of credits.....	22	
		23	Subtotal of tax. Add lines 21 and 22.....	23	
		24 - 25	Clean Elections Fund Tax Reduction.		
		241	<input type="checkbox"/> YOURSELF	242	<input type="checkbox"/> SPOUSE
		25		25	
		26	Reduced tax. Subtract line 25 from line 23.....	26	
		27	Family income tax credit from worksheet on page 14 of instructions	27	
		28	Credits from Arizona Form 301, line 58, or Forms 310, 321, 322, and 323 if Form 301 is not required.....	28	
		29	Credit type. Enter form number of each credit claimed: 29 3 3 3 3 3		
		30	Clean Elections Fund Tax Credit. From worksheet on page 16 of the instructions.....	30	
		31	Balance of tax. Subtract lines 27, 28 and 30 from line 26. If the sum of lines 27, 28 and 30 is more than line 26, enter zero.....	31	
		32	Arizona income tax withheld during 2004	32	
		33	Arizona estimated tax payments for 2004.....	33	
		34	Amount paid with 2004 Arizona extension request (Form 204)	34	
		35	Increased Excise Tax Credit from worksheet on page 17 of the instructions.....	35	
		36	Property Tax Credit from Form 140PTC	36	
		37	Other refundable credits. Check box(es) and enter amount(s): 37A1 <input type="checkbox"/> 329 37A2 <input type="checkbox"/> 330.....	37	
		38	Total payments/refundable credits. Add lines 32 through 37	38	
		39	TAX DUE. If line 31 is larger than line 38, subtract line 38 from line 31 and enter amount of tax due. Skip lines 40, 41 and 42.....	39	
		40	OVERPAYMENT. If line 38 is larger than line 31, subtract line 31 from line 38 and enter amount of overpayment.....	40	
		41	Amount of line 40 to be applied to 2005 estimated tax	41	
		42	Balance of overpayment. Subtract line 41 from line 40	42	
		43 - 50	Aid to Education (entire refund only) 43		
			Arizona Wildlife 44		
			Child Abuse Prevention 46		
			Domestic Violence Shelter 47		
			Special Olympics 49		
			Political Gift 50		
		51	Check only one if making a political gift: 511 <input type="checkbox"/> Democratic 512 <input type="checkbox"/> Libertarian 513 <input type="checkbox"/> Republican		
		52	Estimated payment penalty and MSA withdrawal penalty	52	
		53	Check applicable boxes: 531 <input type="checkbox"/> Annualized/Other 532 <input type="checkbox"/> Farmer or Fisherman 533 <input type="checkbox"/> Form 221 attached 534 <input type="checkbox"/> MSA Penalty		
		54	Total of lines 43, 44, 45, 46, 47, 48, 49, 50 and 52.....	54	
		55	REFUND. Subtract line 54 from line 42. If less than zero, enter amount owed on line 56.....	55	
		Direct Deposit of Refund: See instructions.			
		ROUTING NUMBER 98			
		ACCOUNT NUMBER			
		Checking or Savings			
		56 AMOUNT OWED. Add lines 39 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment.		56	

PART A: Dependents and Qualifying Parents - do not list yourself or spouse*If completing Part A, also complete Part C, lines C16 and/or C17 and C18.*

A1	NO. OF MONTHS LIVED IN YOUR HOME IN 2004
FIRST AND LAST NAME	SOCIAL SECURITY NO.
RELATIONSHIP	

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10. **Also complete Part C below**..... TOTAL **A2**

A3 Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2004

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11. TOTAL **A5**

PART B: Additions to Income

B6 Non-Arizona municipal interest.....	B6	
B7 Early withdrawal of Arizona Retirement System contributions not included on your federal return.....	B7	
B8 Ordinary income portion of lump-sum distributions excluded on your federal return.....	B8	
B9 Total federal depreciation.....	B9	
B10 Medical savings account (MSA) distributions. <i>See page 6 of the instructions</i>	B10	
B11 I.R.C. §179 expense in excess of allowable amount. <i>See page 6 of the instructions</i>	B11	
B12 Other additions to income. <i>See instructions and attach your own schedule</i>	B12	
B13 Total. Add lines B6 through B12. Enter here and on the front of this form, line 13.....	B13	

PART C: Subtractions from Income

C14 Exemption: Age 65 or over. <i>Multiply the number in box 8, page 1, by \$2,100</i>	C14	
C15 Exemption: Blind. <i>Multiply the number in box 9, page 1, by \$1,500</i>	C15	
C16 Exemption: Dependents. <i>Multiply the number in box 10, page 1, by \$2,300</i>	C16	
C17 Exemption: Qualifying parents and ancestors of your parents. <i>Multiply the number in box 11, page 1, by \$10,000</i>	C17	
C18 Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C29 and enter the amount on line C18 on Form 140, Page 1, line 16.	C18	
C19 Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	C19	
C20 Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer).....	C20	
C21 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only).....	C21	
C22 U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return.....	C22	
C23 Recalculated Arizona depreciation.....	C23	
C24 Certain wages of American Indians.....	C24	
C25 Income tax refund from other states. <i>See instructions</i>	C25	
C26 Deposits and employer contributions into MSAs. <i>See pages 9 and 10 of the instructions</i>	C26	
C27 Construction of an energy efficient residence. <i>See page 10 of the instructions. Enter number: C27a</i> <input type="text"/> <i>, then amount</i>	C27	
C28 Other subtractions from income. <i>See instructions and attach your own schedule</i>	C28	
C29 Total: Add lines C18 through C28. Enter here and on the front of this form, line 16.....	C29	

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year**D30**

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE

▶ YOUR SIGNATURE	DATE
▶ SPOUSE'S SIGNATURE	DATE
▶ PAID PREPARER'S SIGNATURE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
PAID PREPARER'S TIN	DATE
PAID PREPARER'S ADDRESS	

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

AZSch A—Federal Itemized Deductions

2004

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.					
1	Medical and dental expenses (see page A-2)	1					
2	Enter amount from Form 1040, line 35	2					
3	Multiply line 2 by 7.5% (.075).	3					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4					
Taxes You Paid		5	State and local income taxes	5			
(See page A-2.)	6 Real estate taxes (see page A-2)	6					
	7 Personal property taxes	7					
	8 Other taxes. List type and amount	8					
	9 Add lines 5 through 8	9					
Interest You Paid		10	Home mortgage interest and points reported to you on Form 1098	10			
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11					
	12 Points not reported to you on Form 1098. See page A-3 for special rules	12					
	13 Investment interest. Attach Form 4952 if required. (See page A-4.)	13					
	14 Add lines 10 through 13	14					
Gifts to Charity		15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15			
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16					
	17 Carryover from prior year	17					
	18 Add lines 15 through 17	18					
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19			
Job Expenses and Most Other Miscellaneous Deductions		20	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.)	20			
(See page A-5.)	21 Tax preparation fees	21					
	22 Other expenses—investment, safe deposit box, etc. List type and amount	22					
	23 Add lines 20 through 22	23					
	24 Enter amount from Form 1040, line 35	24					
	25 Multiply line 24 by 2% (.02)	25					
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26					
Other Miscellaneous Deductions		27	Other—from list on page A-6. List type and amount	27			
Total Itemized Deductions		28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)?	28			
			<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37.				
			<input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.				

**ARIZONA SCHEDULE
A****Itemized Deduction Adjustments**
*For Full-Year Residents Filing Form 140***2004****Attach to your return**

NAME(S) AS SHOWN ON FORM 140

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A only if you are making changes to the amount shown on the federal Schedule A. See *instructions for details*.

Adjustment to Medical and Dental Expenses

- | | | | | |
|---|---|---|--|----|
| 1 | Medical and dental expenses | 1 | | 00 |
| 2 | Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1 | 2 | | 00 |
| 3 | Medical expenses allowed to be taken as a federal itemized deduction | 3 | | 00 |
| 4 | Add line 2 and line 3, and enter the result | 4 | | 00 |
| 5 | If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6 | 5 | | 00 |
| 6 | If line 4 is more than line 1, subtract line 1 from line 4 | 6 | | 00 |

Adjustment to Interest Deduction

- | | | | | |
|---|--|---|--|----|
| 7 | If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2004 that is equal to the amount of your 2004 federal credit | 7 | | 00 |
|---|--|---|--|----|

Adjustment to Gambling Losses

- | | | | | |
|----|--|----|--|----|
| 8 | Wagering losses allowed as a federal itemized deduction | 8 | | 00 |
| 9 | Total gambling winnings included in your federal adjusted gross income | 9 | | 00 |
| 10 | Authorized Arizona lottery subtraction from Form 140, page 2, line C21 | 10 | | 00 |
| 11 | Maximum allowable gambling loss deduction: Subtract line 10 from line 9 | 11 | | 00 |
| 12 | If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero" | 12 | | 00 |

Adjustment to Property Taxes

- | | | | | |
|----|---|----|--|----|
| 13 | If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed | 13 | | 00 |
|----|---|----|--|----|

Adjustment to Charitable Contributions

- | | | | | |
|----|--|----|--|----|
| 14 | Amount of charitable contributions for which you are taking a credit under Arizona law | 14 | | 00 |
|----|--|----|--|----|

Other Adjustments

- | | | | | |
|----|--|----|--|----|
| 15 | Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax | 15 | | 00 |
|----|--|----|--|----|

Adjusted Itemized Deductions

- | | | | | |
|----|--|----|--|----|
| 16 | Add the amounts on lines 5 and 7 | 16 | | 00 |
| 17 | Add the amounts on lines 6, 12, 13, 14 and 15 | 17 | | 00 |
| 18 | Total federal itemized deductions allowed to be taken on federal return | 18 | | 00 |
| 19 | Enter the amount from line 16 above | 19 | | 00 |
| 20 | Add lines 18 and 19 | 20 | | 00 |
| 21 | Enter the amount from line 17 above | 21 | | 00 |
| 22 | Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 18 | 22 | | 00 |

NOTE: You must attach a copy of federal Form 1040, Schedule A to your return if you itemize your deductions.

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008					
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008					
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>			
				12b							
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008					
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12					
-----		-----		13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>			
				14 Other		12b					
				12c							
-----		-----				12d					
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
-----		-----		-----		-----		-----		-----	

Form **W-2** Wage and Tax
Statement

2004

Department of the Treasury—Internal Revenue Service

Copy A For Social Security Administration — Send this

For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008					
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>			
				14 Other		12b					
						12c					
f Employee's address and ZIP code						12d					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

☐ CORRECTED (if checked)

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

**Copy C
For Recipient's
Records**

This information is
being furnished to
the Internal
Revenue Service.

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 2004 Form 1099-R	
		\$			
		2a Taxable amount			
		\$			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld	
		\$		\$	
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other
		9a Your percentage of total distribution %		9b Total employee contributions \$	
Account number (optional)		10 State tax withheld		11 State/Payer's state no.	
		\$		\$	
		\$		\$	
		13 Local tax withheld		14 Name of locality	
		\$		\$	
		\$		\$	
				15 Local distribution	
				\$	

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$		<div style="font-size: 48pt; font-weight: bold;">2004</div>		
		2a Taxable amount				
		\$		Form 1099-R		
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		Copy C For Recipient's Records
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		\$		\$		
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		This information is being furnished to the Internal Revenue Service.
		\$		\$		
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	
			\$	%		
		9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution
		\$				\$
		13 Local tax withheld		14 Name of locality		15 Local distribution
		\$				\$
		\$				\$

ARIZONA FORM
140A

Resident Personal Income Tax Return (Short Form)

2004

YOUR FIRST NAME AND INITIAL 1		LAST NAME		YOUR SOCIAL SECURITY NO.		
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.		
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO. 2		DAYTIME PHONE ()		89 <input checked="" type="checkbox"/>		
HOME ADDRESS CONTINUED 2		HOME PHONE 94 ()				
CITY, TOWN OR POST OFFICE 3		STATE		ZIP CODE		
				FOR DOR USE ONLY		
Filing Status	4	Married filing joint return				
	5	Head of household - name of qualifying child or dependent:				
	6	Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶				
	7	Single				
Exemptions	8	Enter the number claimed. Do not put a check mark.	Age 65 or over (you and/or spouse)		81	
	9		Blind (you and/or spouse)		80	
	10		Dependents. From page 2, line A2 - do not include self or spouse.		82 CHECK ONE if filing under an extension:	
	11		Qualifying parents and ancestors of your parents. From page 2, line A5.		4 month extension 82D <input type="checkbox"/> 6 month extension 82F <input type="checkbox"/>	
THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN						
Attach W-2 to back of last page of the return. Enclose but do not attach any payments.	12	Federal adjusted gross income			12	00
	13	Age 65 or over	13	00		
	14	Blind	14	00		
	15	Dependents	15	00		
	16	Qualifying parents ..	16	00		
	17	Total subtractions. Add lines 13 through 16 ...			17	00
	18	Arizona AGI. Subtract line 17 from line 12.....			18	00
	19	Standard deduction			19	00
	20	Personal exemptions			20	00
	21	AZ taxable income. Line 18 minus lines 19 & 20			21	00
	22	Tax from Optional Tax Rate Tables.....			22	00
	23 - 24	Clean Elections Fund Tax Reduction				
		23 <input type="checkbox"/> YOURSELF 23 <input type="checkbox"/> SPOUSE	24	00		
	25	Reduced tax. Subtract line 24 from line 22			25	00
	26	Family income tax credit from worksheet on page 7 of instructions			26	00
	27	Subtract line 26 from line 25. If less than zero, enter zero			27	00
	28	Clean Elections Fund Tax Credit. From worksheet on page 7 of the instructions.....			28	00
	29	Balance of tax. Subtract line 28 from line 27. If line 28 is more than line 27, enter zero			29	00
	30	Arizona income tax withheld during 2004			30	00
	31	Amount paid with 2004 Arizona extension request (Form 204)			31	00
32	Increased Excise Tax Credit from worksheet on page 8 of the instructions.....			32	00	
33	Property Tax Credit from Form 140PTC			33	00	
34	Total payments/credits. Add lines 30 through 33			34	00	
35	TAX DUE. If line 29 is larger than line 34, subtract line 34 from line 29, and enter amount of tax due. Skip line 36.....			35	00	
36	OVERPAYMENT. If line 34 is larger than line 29, enter amount of overpayment			36	00	
37 - 44 Voluntary Gifts to:						
	Aid to Education (entire refund only)	37	00	Arizona Wildlife	38	00
	Child Abuse Prevention	40	00	Domestic Violence Shelter	41	00
	Special Olympics	43	00	Political Gift	44	00
				Citizens Clean Elections	39	00
				Neighbors Helping Neighbors	42	00
45	Check only one if making a political gift: 45 <input type="checkbox"/> Democratic 45 <input type="checkbox"/> Libertarian 45 <input type="checkbox"/> Republican					
46	Total voluntary gifts: Add lines 37 through 44			46	00	
47	REFUND. Subtract line 46 from line 36. If less than zero, enter amount owed on line 48.			47	00	
Direct Deposit of Refund: See instructions.						
	ROUTING NUMBER	ACCOUNT NUMBER		Checking or Savings		
98						
48	AMOUNT OWED. Add lines 35 and 46. Make check payable to Arizona Department of Revenue; include SSN on payment.				48	00



PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.

PART A: Dependents and Qualifying Parents - do not list yourself or spouse**A1** List children and other dependents. If more space is needed, attach a separate sheet.NO. OF MONTHS LIVED
IN YOUR HOME IN 2004

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2004

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10 TOTAL **A2****A3** Enter the names of the dependents listed above who do not qualify as your dependent on your federal return. See page 5 of the instructions.**A4** List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.NO. OF MONTHS LIVED
IN YOUR HOME IN 2004

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2004

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11 TOTAL **A5****PART B: Last Name(s) Used in Prior Years if different from name(s) used in current year****B6**

PLEASE SIGN HERE	<i>I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.</i>		
	▶ YOUR SIGNATURE _____	DATE _____	
	▶ SPOUSE'S SIGNATURE _____	DATE _____	
	▶ PAID PREPARER'S SIGNATURE _____	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____	
	PAID PREPARER'S TIN _____	DATE _____	PAID PREPARER'S ADDRESS _____

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.
If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008					
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d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>			
				12b							
				14 Other		12c					
f Employee's address and ZIP code						12d					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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				13 Statutory employee <input type="checkbox"/>		12b	
				Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax
Statement

2004

Department of the Treasury—Internal Revenue Service

Copy A For Social Security Administration — Send this

For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008					
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e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>			
				14 Other		12b					
						12c					
f Employee's address and ZIP code						12d					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008	
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				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
				18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

☐ CORRECTED (if checked)

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

**Copy C
For Recipient's
Records**

This information is
being furnished to
the Internal
Revenue Service.

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 2004 Form 1099-R	
		\$			
		2a Taxable amount			
		\$			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld	
		\$		\$	
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities	
		\$		\$	
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	
		\$		%	
		9a Your percentage of total distribution %		9b Total employee contributions \$	
Account number (optional)		10 State tax withheld		11 State/Payer's state no.	
		\$			
		\$			
		13 Local tax withheld		14 Name of locality	
		\$			
		\$			
				15 Local distribution	
				\$	
				\$	

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$		<div style="font-size: 2em; font-weight: bold;">2004</div>		
		2a Taxable amount				
		\$		Form 1099-R		
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		Copy C For Recipient's Records
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		\$		\$		
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		This information is being furnished to the Internal Revenue Service.
		\$		\$		
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		
			\$		%	
		9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution
		\$				\$
		\$				\$
		13 Local tax withheld		14 Name of locality		15 Local distribution
		\$				\$
		\$				\$

ARIZONA FORM
140NR

Nonresident Personal Income Tax Return

2004

For the year January 1 - December 31, 2004,

or other tax year beginning MM/DD/2004 and ending MM/DD/2005 **66**

YOUR FIRST NAME AND INITIAL 1		LAST NAME		YOUR SOCIAL SECURITY NO.	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.	
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE 2		APT. NO.		DAYTIME PHONE: ()	89 <input checked="" type="checkbox"/>
CITY, TOWN OR POST OFFICE 3		STATE		ZIP CODE	
				FOR DOR USE ONLY	
Filing Status	4	Married filing joint return			
	5	Head of household - name of qualifying child or dependent:			
	6	Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶			
	7	Single			
Exemptions	8	Enter the number claimed. Do not put a check mark.	Age 65 or over (you and/or spouse)		
	9		Blind (you and/or spouse)		
	10		Dependents. From page 2, line A2 - do not include self or spouse.		
11-13 Residency Status (check one): 11 <input type="checkbox"/> Nonresident 12 <input type="checkbox"/> Nonresident Active Military 13 <input type="checkbox"/> Composite Return					
THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN					
14 Federal AGI 14 00					
15 Arizona income (from page 2, line B15) 15 00					
16 Additions to income (from page 2, line C20) .. 16 00					
17 Add lines 15 and 16..... 17 00					
18 Elective subtr. of 2004 fed. ret. contribs. 18 00					
19 Subtractions. Number from line D29a: 19 19 00					
20 Arizona AGI. Line 17 minus lines 18 & 19. 20 00					
21 21 <input type="checkbox"/> ITEMIZED 21 <input type="checkbox"/> STANDARD 21 00					
22 Personal exemptions..... 22 00					
23 AZ taxable inc. Line 20 minus lines 21 & 22.. 23 00					
24 Compute tax. Use Tax Rate Table X or Y 24 00					
25 Tax from recapture of credits..... 25 00					
26 Subtotal of tax. Add lines 24 and 25..... 26 00					
27 - 28 Clean Elections Fund Tax Reduction. 27 <input type="checkbox"/> YOURSELF 27 <input type="checkbox"/> SPOUSE.... 28 00					
29 Reduced tax. Subtract line 28 from line 26..... 29 00					
30 Credits from Arizona Form 301, line 58, or Forms 321, 322 and 323 if Form 301 is not required..... 30 00					
31 Credit type. Enter form number of each credit claimed: 31 3 3 3 3 3					
32 Clean Elections Fund Tax Credit. From worksheet on page 15 of the instructions..... 32 00					
33 Balance of tax. Subtract lines 30 and 32 from line 29. If the sum of lines 30 and 32 is more than line 29, enter zero..... 33 00					
34 Arizona income tax withheld during 2004 34 00					
35 Arizona estimated tax payments for 2004..... 35 00					
36 Amount paid with 2004 Arizona extension request (Form 204) 36 00					
37 Refundable credits. Check box(es) and enter amount(s): 37 A1 <input type="checkbox"/> 329 37 A2 <input type="checkbox"/> 330 37 00					
38 Total payments/refundable credits. Add lines 34 through 37 38 00					
39 TAX DUE. If line 33 is larger than line 38, subtract line 38 from line 33, and enter amount of tax due. Skip lines 40, 41 and 42..... 39 00					
40 OVERPAYMENT. If line 38 is larger than line 33, subtract line 33 from line 38, and enter amount of overpayment..... 40 00					
41 Amount of line 40 to be applied to 2005 estimated tax 41 00					
42 Balance of overpayment. Subtract line 41 from line 40. 42 00					
43 - 50 Aid to Education (entire refund only) 43 00 Arizona Wildlife 44 00 Citizens Clean Elections 45 00 Child Abuse Prevention 46 00 Domestic Violence Shelter 47 00 Neighbors Helping Neighbors 48 00 Special Olympics 49 00 Political Gift 50 00					
51 Check only one if making a political gift: 51 <input type="checkbox"/> Democratic 51 <input type="checkbox"/> Libertarian 51 <input type="checkbox"/> Republican					
52 Estimated payment penalty and MSA withdrawal penalty 52 00					
53 Check applicable boxes: 53 <input type="checkbox"/> Annualized/Other 53 <input type="checkbox"/> Farmer or Fisherman 53 <input type="checkbox"/> Form 221 attached 53 <input type="checkbox"/> MSA Penalty					
54 Total of lines 43, 44, 45, 46, 47, 48, 49, 50 and 52 54 00					
55 REFUND. Subtract line 54 from line 42. If less than zero, enter amount owed on line 56 55 00					
Direct Deposit of Refund: See instructions. ROUTING NUMBER 98 ACCOUNT NUMBER CO Checking or S Savings					
56 AMOUNT OWED. Add lines 39 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. 56 00					

PART A: Dependents - do not list yourself or spouse

A1 List children and other dependents. If more space is needed, attach a separate sheet.				NO. OF MONTHS LIVED IN YOUR HOME IN 2004	
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP			

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10 TOTAL **A2**

A3 Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

PART B: Arizona Percent of Total Income

	2004 FEDERAL Amount from federal return	2004 ARIZONA Source amount only
B4 Wages, salaries, tips, etc.....	B4 00	00
B5 Interest.....	B5 00	00
B6 Dividends.....	B6 00	00
B7 Arizona income tax refunds.....	B7 00	00
B8 Business income (or loss) from federal Schedule C.....	B8 00	00
B9 Gains (or losses) from federal Schedule D.....	B9 00	00
B10 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.....	B10 00	00
B11 Other income reported on your federal return.....	B11 00	00
B12 Total income: Add lines B4 through B11.....	B12 00	00
B13 Other federal adjustments. Attach your own schedule.....	B13 00	00
B14 Federal adjusted gross income. Subtract line B13 from line B12 in the FEDERAL column.....	B14 00	
B15 Arizona income: Subtract line B13 from line B12 in the ARIZONA column. Enter here and on the front of this form on line 15.....		B15 00
B16 Arizona percentage: Divide line B15 by line B14, and enter the result (not over 100%).....		B16 %

PART C: Additions to Income

C17 Early withdrawal of Arizona Retirement System contributions.....	C17 00
C18 Total depreciation included in Arizona gross income.....	C18 00
C19 Other additions to income. See instructions and attach your own schedule.....	C19 00
C20 Total: Add lines C17 through C19. Enter here and on the front of this form on line 16.....	C20 00

PART D: Subtractions from Income

D21 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100.....	D21 00
D22 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500.....	D22 00
D23 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300.....	D23 00
D24 Total exemptions: Add lines D21 through D23.....	D24 00
D25 Multiply line D24 by the percentage on line B16, and enter the result.....	D25 00
D26 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column.....	D26 00
D27 Arizona state lottery winnings included on line B11 in the ARIZONA column (up to \$5,000 only).....	D27 00
D28 Agricultural crops contributed to Arizona charitable organizations.....	D28 00
D29 Construction of an energy efficient residence. See page 9 of the instructions. Enter number D29a <input type="text"/> , then amount.....	D29 00
D30 Other subtractions from income. See instructions and attach your own schedule.....	D30 00
D31 Total: Add lines D25 through D30. Enter here and on the front of this form, line 19.....	D31 00

Part E: Last Name(s) Used in Prior Years if different from name(s) used in current year

E32

PLEASE SIGN HERE	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	▶ YOUR SIGNATURE	DATE	
	▶ SPOUSE'S SIGNATURE	DATE	
	▶ PAID PREPARER'S SIGNATURE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)	
	PAID PREPARER'S TIN	DATE	PAID PREPARER'S ADDRESS

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.
 If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

AZSch A—Federal Itemized Deductions

2004

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1		
2	Enter amount from Form 1040, line 35	2		
3	Multiply line 2 by 7.5% (.075).	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid (See page A-2.)	5 State and local income taxes	5		
6	Real estate taxes (see page A-2)	6		
7	Personal property taxes	7		
8	Other taxes. List type and amount	8		
9	Add lines 5 through 8	9		
Interest You Paid (See page A-3.)	10 Home mortgage interest and points reported to you on Form 1098	10		
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11		
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See page A-3 for special rules	12		
13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13		
14	Add lines 10 through 13	14		
Gifts to Charity If you made a gift and got a benefit for it, see page A-4.	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15		
16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16		
17	Carryover from prior year	17		
18	Add lines 15 through 17	18		
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19		
Job Expenses and Most Other Miscellaneous Deductions (See page A-5.)	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.)	20		
21	Tax preparation fees.	21		
22	Other expenses—investment, safe deposit box, etc. List type and amount	22		
23	Add lines 20 through 22	23		
24	Enter amount from Form 1040, line 35	24		
25	Multiply line 24 by 2% (.02)	25		
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		
Other Miscellaneous Deductions	27 Other—from list on page A-6. List type and amount	27		
Total Itemized Deductions	28 Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28		

ARIZONA SCHEDULE A(NR)

Itemized Deductions For Nonresidents

2004

Attach to your return

NAME(S) AS SHOWN ON FORM 140NR	YOUR SOCIAL SECURITY NUMBER		
	SPOUSE'S SOCIAL SECURITY NUMBER		

Adjustment to Medical and Dental Expenses

1	Medical and dental expenses	1		00
2	Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1	2		00
3	Medical expenses allowed to be taken as a federal itemized deduction	3		00
4	Add line 2 and line 3, and enter the result	4		00
5	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	5		00
6	If line 4 is more than line 1, subtract line 1 from line 4	6		00

Adjustment to Interest Deduction

7	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2004 that is equal to the amount of your 2004 federal credit	7		00
---	--	---	--	----

Adjustment to Gambling Losses

8	Wagering losses allowed as a federal itemized deduction	8		00
9	Total gambling winnings included in your federal adjusted gross income	9		00
10	Authorized Arizona lottery subtraction from Form 140NR, page 2, line D27	10		00
11	Maximum allowable gambling loss deduction: Subtract line 10 from line 9	11		00
12	If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero"	12		00

Adjustment to Property Taxes

13	If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed	13		00
----	---	----	--	----

Adjustment to Charitable Contributions

14	Amount of charitable contributions for which you are taking a credit under Arizona law	14		00
----	--	----	--	----

Itemized Deductions

15	Add the amounts on lines 5 and 7	15		00
16	Add the amounts on lines 6, 12, 13 and 14	16		00
17	Total federal itemized deductions allowed to be taken on federal return	17		00
18	Enter the amount from line 15 above	18		00
19	Add lines 17 and 18	19		00
20	Enter the amount from line 16 above	20		00
21	Adjusted itemized deductions: Subtract line 20 from line 19	21		00
22	Enter your Arizona percentage from Form 140NR, page 2, line B16	22		%
23	Arizona itemized deductions: Multiply line 21 by the percentage on line 22. Enter the result here and on Form 140NR, page 1, line 21	23		00

NOTE: You must attach a copy of federal Form 1040, Schedule A to your return if you itemize your deductions.

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						12d	
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				d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name -----		11 Nonqualified plans						12a See instructions for box 12 <small>ea</small> <small>cc</small> <small>cc</small> <small>cc</small> 12b <small>ea</small> <small>cc</small> <small>cc</small> <small>cc</small> 12c <small>ea</small> <small>cc</small> <small>cc</small> <small>cc</small> 12d <small>ea</small> <small>cc</small> <small>cc</small> <small>cc</small>					
				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>						Third-party sick pay <input type="checkbox"/>	
				14 Other									
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Form **W-2** Wage and Tax
Statement

2004

Department of the Treasury—Internal Revenue Service

Copy A For Social Security Administration — Send this

For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

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c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
				18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

☐ CORRECTED (if checked)

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

**Copy C
For Recipient's
Records**

This information is
being furnished to
the Internal
Revenue Service.

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 2004 Form 1099-R		
		\$				
		2a Taxable amount				
		\$				
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		\$		\$		
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
		\$		\$		
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		
				\$	%	
		9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		
		\$				
		\$				
		13 Local tax withheld		14 Name of locality		
		\$				
		\$				
				15 Local distribution		
				\$		
				\$		

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$		<div style="font-size: 2em; font-weight: bold;">2004</div>		
		2a Taxable amount				
		\$		Form 1099-R		
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		Copy C For Recipient's Records
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		\$		\$		
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		This information is being furnished to the Internal Revenue Service.
		\$		\$		
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	
		\$				
		9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution
		\$				\$
		13 Local tax withheld		14 Name of locality		15 Local distribution
		\$				\$
		\$				\$

YOUR FIRST NAME AND INITIAL 1		LAST NAME		YOUR SOCIAL SECURITY NO.	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.	
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE 2		APT. NO.		DAYTIME PHONE: ()	
CITY, TOWN OR POST OFFICE 3		STATE		ZIP CODE	
		94 HOME PHONE: ()		↑ IMPORTANT ↑ You must enter your SSNs.	

FOR DOR USE ONLY

Filing Status	4	Married filing joint return			
	5	Head of household - name of qualifying child or dependent:			
	6	Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶		88	
	7	Single			
Exemptions	8	Enter the number claimed. Do not put a check mark.	Age 65 or over (you and/or spouse)	81	80
	9		Blind (you and/or spouse)		
	10		Dependents. From page 2, line A2 - do not include self or spouse.	82	CHECK ONE if filing under an extension:
	11		Qualifying parents and ancestors of your parents from page 2, line A5.		4 month extension 82D <input type="checkbox"/> 6 month extension 82F <input type="checkbox"/>

12-13 Residency Status (check one): 12 ☐ Part-Year Resident Other than Active Military 13 ☐ Part-Year Resident Active Military

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN

14	Federal AGI	14	00
15	Arizona income (from page 2, line B19)	15	00
16	Additions to income (from page 2, line C24)	16	00
17	Add lines 15 and 16	17	00
18	Elective subtr. of 2004 fed. ret. contribs.	18	00
19	Subtractions. Number from line D34a. 191	19	00
20	Arizona AGI. Line 17 minus lines 18 & 19.	20	00
21	21I <input type="checkbox"/> ITEMIZED 21S <input type="checkbox"/> STANDARD	21	00
22	Personal exemptions	22	00
23	AZ taxable inc. Line 20 minus lines 21 & 22	23	00
24	Compute tax. Use Tax Table X or Y	24	00
25	Tax from recapture of credits	25	00
26	Subtotal of tax. Add lines 24 and 25	26	00
27	271 <input type="checkbox"/> YOURSELF 272 <input type="checkbox"/> SPOUSE	27	00
28	Clean Elections Fund Tax Reduction	28	00
29	Reduced tax. Subtract line 28 from line 26	29	00
30	Family income tax credit from worksheet on page 16 of the instructions	30	00
31	Credits from Arizona Form 301, line 58, or Forms 310, 321, 322 and 323 if Form 301 is not required	31	00
32	Credit type. Enter form number of each credit claimed: 32 3 3 3 3	32	00
33	Clean Elections Fund Tax Credit. From worksheet on page 18 of the instructions	33	00
34	Balance of tax. Subtract lines 30, 31 and 33 from line 29. If the sum of lines 30, 31 and 33 is more than line 29, enter zero.	34	00
35	Arizona income tax withheld during 2004	35	00
36	Arizona estimated tax payments for 2004	36	00
37	Amount paid with 2004 Arizona extension request (Form 204)	37	00
38	Increased Excise Tax Credit. From worksheet on page 18 of the instructions	38	00
39	Other refundable credits. Check box(es) and enter amount(s): 39A1 <input type="checkbox"/> 329 39A2 <input type="checkbox"/> 330	39	00
40	Total payments/refundable credits. Add lines 35 through 39	40	00
41	TAX DUE. If line 34 is larger than line 40, subtract line 40 from line 34, and enter amount of tax due. Skip lines 42, 43 and 44.	41	00
42	OVERPAYMENT. If line 40 is larger than line 34, subtract line 34 from line 40, and enter amount of overpayment.	42	00
43	Amount of line 42 to be applied to 2005 estimated tax	43	00
44	Balance of overpayment. Subtract line 43 from line 42	44	00
45	Aid to Education (entire refund only)	45	00
46	Arizona Wildlife	46	00
47	Citizens Clean Elections	47	00
48	Child Abuse Prevention	48	00
49	Domestic Violence Shelter	49	00
50	Neighbors Helping Neighbors	50	00
51	Special Olympics	51	00
52	Political Gift	52	00
53	Check only one if making a political gift: 531 <input type="checkbox"/> Democratic 532 <input type="checkbox"/> Libertarian 533 <input type="checkbox"/> Republican	53	00
54	Estimated payment penalty and MSA withdrawal penalty	54	00
55	Check applicable boxes: 551 <input type="checkbox"/> Annualized/Other 552 <input type="checkbox"/> Farmer or Fisherman 553 <input type="checkbox"/> Form 221 attached 554 <input type="checkbox"/> MSA Penalty	55	00
56	Total of lines 45, 46, 47, 48, 49, 50, 51, 52 and 54	56	00
57	REFUND. Subtract line 56 from line 44. If less than zero, enter amount owed on line 58.	57	00
58	AMOUNT OWED. Add lines 41 and 56. Make check payable to Arizona Department of Revenue; include SSN on payment.	58	00

Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

98

☐ Checking or Savings

PART A: Dependents	A1 List children and other dependents. Do not list yourself or spouse. If more space is needed, attach a separate sheet.				NO. OF MONTHS LIVED			
	FIRST AND LAST NAME		SOCIAL SECURITY NO.		RELATIONSHIP			
						IN YOUR HOME IN 2004		
A2 Enter total number of persons listed in A1 here and on the front of this form, box 10 TOTAL						A2		
A3 Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:								
A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.								
FIRST AND LAST NAME		SOCIAL SECURITY NO.		RELATIONSHIP		NO. OF MONTHS LIVED		
						IN YOUR HOME IN 2004		
A5 Enter total number of persons listed in A4 here and on the front of this form, box 11. TOTAL						A5		
PART B: Arizona Percent of Total Income	B6 Dates of Arizona residency: From <u>MMDDYYYY</u> to <u>MMDDYYYY</u> . List other state(s) of residency: _____				2004 FEDERAL Amount from federal return		2004 ARIZONA Amount only	
					B7		00	
	B7 Wages, salaries, tips, etc.				B8		00	
	B8 Interest.....				B9		00	
	B9 Dividends				B10		00	
	B10 Arizona income tax refunds				B11		00	
	B11 Alimony received.....				B12		00	
	B12 Business income (or loss) from federal Schedule C.....				B13		00	
	B13 Gains (or losses) from federal Schedule D.....				B14		00	
	B14 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E.....				B15		00	
	B15 Other income reported on your federal return.....				B16		00	
	B16 Total income: Add lines B7 through B15.....				B17		00	
	B17 Federal adjustments. Attach your own schedule				B18		00	
	B18 Federal adjusted gross income. Subtract line B17 from line B16 in the FEDERAL column				B19		00	
	B19 Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on the front of this form, line 15				B20		%	
B20 Arizona percentage: Divide line B19 by line B18, and enter the result (not over 100%).....				B21		00		
PART C Additions	C21 Early withdrawal of Arizona Retirement System contributions.....				C21		00	
	C22 Total depreciation included in Arizona gross income				C22		00	
	C23 Other additions to income. See instructions and attach your own schedule.....				C23		00	
	C24 Total: Add lines C21 through C23. Enter here and on the front of this form on line 16.....				C24		00	
PART D: Subtractions from Income	D25 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100.....				D25		00	
	D26 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500				D26		00	
	D27 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300.....				D27		00	
	D28 Exemption: Qualifying parents and ancestors. Multiply the number in box 11, page 1, by \$10,000..				D28		00	
	D29 Total exemptions: Add lines D25 through D28.....				D29		00	
	D30 Multiply line D29 by the percentage on line B20, and enter the result.....				D30		00	
	D31 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column.....				D31		00	
	D32 Arizona state lottery winnings included on line B15 in the ARIZONA column (up to \$5,000 only)				D32		00	
	D33 U.S. Social Security or Railroad Retirement Act benefits included in your ARIZONA income				D33		00	
	D34 Construction of an energy efficient residence. See page 10 of instructions. Enter number D34a <input type="text"/> , then amount.....				D34		00	
	D35 Other subtractions from income. See instructions and attach your own schedule				D35		00	
	D36 Total: Add lines D30 through D35. Enter here and on the front of this form, line 19.....				D36		00	

E37 Last name(s) used in prior years if different from name(s) used in current year: _____

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE

▶ YOUR SIGNATURE _____ DATE _____

▶ SPOUSE'S SIGNATURE _____ DATE _____

▶ PAID PREPARER'S SIGNATURE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S TIN _____ DATE _____ PAID PREPARER'S ADDRESS _____

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

AZSch A—Federal Itemized Deductions

2004

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.					
1	Medical and dental expenses (see page A-2)	1					
2	Enter amount from Form 1040, line 35	2					
3	Multiply line 2 by 7.5% (.075).	3					
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4					
Taxes You Paid		5	State and local income taxes	5			
(See page A-2.)	6 Real estate taxes (see page A-2)	6					
	7 Personal property taxes	7					
	8 Other taxes. List type and amount	8					
	9 Add lines 5 through 8	9					
Interest You Paid		10	Home mortgage interest and points reported to you on Form 1098	10			
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11					
	12 Points not reported to you on Form 1098. See page A-3 for special rules	12					
	13 Investment interest. Attach Form 4952 if required. (See page A-4.)	13					
	14 Add lines 10 through 13	14					
Gifts to Charity		15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15			
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16					
	17 Carryover from prior year	17					
	18 Add lines 15 through 17	18					
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19			
Job Expenses and Most Other Miscellaneous Deductions		20	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.)	20			
(See page A-5.)	21 Tax preparation fees	21					
	22 Other expenses—investment, safe deposit box, etc. List type and amount	22					
	23 Add lines 20 through 22	23					
	24 Enter amount from Form 1040, line 35	24					
	25 Multiply line 24 by 2% (.02)	25					
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26					
Other Miscellaneous Deductions		27	Other—from list on page A-6. List type and amount	27			
Total Itemized Deductions		28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)?	28			
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37.						
	<input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.						

**ARIZONA SCHEDULE
A(PY)****Itemized Deductions
For Part-Year Residents****2004****Attach to your return**

NAME(S) AS SHOWN ON FORM 140PY

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

Medical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity

- | | | | | |
|---|---|---|--|----|
| 1 | Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident..... | 1 | | 00 |
| 2 | Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such taxes from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident | 2 | | 00 |
| 3 | Interest expense: <i>See instructions</i> | 3 | | 00 |
| 4 | Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident .. | 4 | | 00 |

Casualty and Theft Losses

- | | | | | |
|---|---|---|--|----|
| 5 | Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor | 5 | | 00 |
| 6 | Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor..... | 6 | | 00 |
| 7 | Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident... | 7 | | 00 |
| 8 | Divide line 7 by line 6, and enter the percentage..... | 8 | | % |
| 9 | Multiply line 5 by the percentage on line 8..... | 9 | | 00 |

Job Expenses and Other Miscellaneous Expenses

- | | | | | |
|----|---|----|--|----|
| 10 | Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation..... | 10 | | 00 |
| 11 | Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident .. | 11 | | 00 |
| 12 | Divide line 11 by line 10, and enter the percentage | 12 | | % |
| 13 | Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation..... | 13 | | 00 |
| 14 | Multiply line 13 by the percentage on line 12..... | 14 | | 00 |
| 15 | Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident..... | 15 | | 00 |

Skip lines 16 through 20 if not deducting gambling losses.

- | | | | | |
|----|---|----|--|----|
| 16 | Wagering losses included on line 15 | 16 | | 00 |
| 17 | Total gambling winnings included in your Arizona gross income | 17 | | 00 |
| 18 | Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32 | 18 | | 00 |
| 19 | Maximum allowable gambling loss deduction: Subtract line 18 from line 17 | 19 | | 00 |
| 20 | If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero"..... | 20 | | 00 |
| 21 | If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here | 21 | | 00 |
| 22 | Add lines 14 and 21 | 22 | | 00 |

Total Itemized Deductions

- | | | | | |
|----|---|----|--|----|
| 23 | Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22. If your federal adjusted gross income is more than \$142,700 (\$71,350 if married filing separately), complete lines 24 through 28 below. Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 21..... | 23 | | 00 |
| 24 | If your federal adjusted gross income is more than \$142,700 (\$71,350 if married filing separately), enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold | 24 | | 00 |
| 25 | Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A, prior to the federal adjusted gross income limitation..... | 25 | | 00 |
| 26 | Divide line 23 by line 25, and enter the percentage..... | 26 | | % |
| 27 | Multiply line 24 by the percentage on line 26, and enter the result..... | 27 | | 00 |
| 28 | Subtract line 27 from line 23. Enter the result here and on Form 140PY, page 1, line 21 | 28 | | 00 |

ARIZONA SCHEDULE A(PYN)

Itemized Deductions For Part-Year Residents

2004

Who also had Arizona source income during the period of the year while a nonresident.

Attach to your return

NAME(S) AS SHOWN ON FORM 140PY	YOUR SOCIAL SECURITY NUMBER	
	SPOUSE'S SOCIAL SECURITY NUMBER	

Part I: Itemized Deductions for the Period of the Year While an Arizona Resident Plus Arizona Source Itemized Deductions for the Period While a Nonresident

Medical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity

1 Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	1		00
2 Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such taxes from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	2		00
3 Interest expense: <i>See instructions</i>	3		00
4 Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	4		00

Casualty and Theft Losses

5 Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor ...	5		00
6 Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor.....	6		00
7 Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident	7		00
8 Divide line 7 by line 6, and enter the percentage	8		%
9 Multiply line 5 by the percentage on line 8	9		00

Job Expenses and Other Miscellaneous Expenses

10 Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation	10		00
11 Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	11		00
12 Divide line 11 by line 10, and enter the percentage.....	12		%
13 Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation..	13		00
14 Multiply line 13 by the percentage on line 12	14		00
15 Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	15		00
Skip lines 16 through 20 if not deducting gambling losses.			
16 Wagering losses included on line 15	16		00
17 Total gambling winnings included in your Arizona gross income.....	17		00
18 Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32	18		00
19 Maximum allowable gambling loss deduction: Subtract line 18 from line 17	19		00
20 If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero"	20		00
21 If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here	21		00
22 Add lines 14 and 21	22		00

Subtotal of Itemized Deductions

- 23** Tentative Arizona itemized deduction: *Add lines 1, 2, 3, 4, 9, and 22.* If your federal adjusted gross income is more than \$142,700 (\$71,350 if married filing separately), *complete lines 24 through 28 below.* Otherwise, *skip lines 24 through 28.*.....
- 24** If your federal adjusted gross income is more than \$142,700 (\$71,350 if married filing separately), *enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold*
- 25** *Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A, prior to the federal adjusted gross income limitation*
- 26** *Divide line 23 by line 25, and enter the percentage*
- 27** *Multiply line 24 by the percentage on line 26, and enter the result*
- 28** *Subtract line 27 from line 23, and enter the result*.....

23		00
24		00
25		00
26		%
27		00
28		00

Part II: Portion of Itemized Deductions Allowable for the Part of the Year While a Nonresident

Adjustment to Medical and Dental Expenses

- 29** Medical and dental expenses
- 30** Amount of MSA distributions used to pay qualified medical expenses included on line 29
- 31** Medical expenses allowed to be taken as a federal itemized deduction
- 32** *Add lines 30 and 31, and enter the result*.....
- 33** If line 29 is the same as or more than line 32, *subtract line 32 from line 29.* Otherwise, go to line 34.....
- 34** If line 32 is more than line 29, *subtract line 29 from line 32*

29		00
30		00
31		00
32		00
33		00
34		00

Adjustment to Interest Deduction

- 35** If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), *enter the amount of mortgage interest you paid for 2004 that is equal to the amount of your 2004 federal credit*.....

35		00
----	--	----

Adjustment to Gambling Losses

- 36** Wagering losses allowed as a federal itemized deduction
- 37** Total gambling winnings included in your federal adjusted gross income
- 38** Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32
- 39** Maximum allowable gambling loss deduction: *Subtract line 38 from line 37*
- 40** If line 39 is less than line 36, *subtract line 39 from line 36; otherwise enter "zero"*

36		00
37		00
38		00
39		00
40		00

Adjustment to Property Taxes

- 41** If you are claiming the property tax credit on Arizona Form 302 (Defense Contracting Credits), *enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed* ..

41		00
----	--	----

Adjustment to Charitable Contributions

- 42** Amount of charitable contributions for which you are taking a credit under Arizona law

42		00
----	--	----

Adjusted Itemized Deductions

- 43** *Add the amounts on lines 33 and 35.*.....
- 44** *Add lines 34, 40, 41 and 42.*.....
- 45** Total itemized deductions allowed to be taken on federal return
- 46** *Enter the amount from line 43 above*
- 47** *Add the amount on lines 45 and 46.*.....
- 48** *Enter the amount from line 44 above*
- 49** *Subtract line 48 from line 47.*.....
- 50** If you skipped lines 24 through 28, *enter the amount on line 23 here.* If you completed lines 24 through 28, *enter the amount from line 28 here*
- 51** *Subtract line 50 from line 49.*.....
- 52** Arizona percentage from line 4 of the worksheet on page 2 of the Schedule A(PYN) instructions
- 53** *Multiply the percentage on line 52 by the amount on line 51*
- 54** *Add lines 50 and 53. Enter the result here and on Form 140PY, page 1, line 21*.....

43		00
44		00
45		00
46		00
47		00
48		00
49		00
50		00
51		00
52		%
53		00
54		00

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008					
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>			
				12b							
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/>		12b	
				Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name					

Form **W-2** Wage and Tax
Statement

2004

Department of the Treasury—Internal Revenue Service

Copy A For Social Security Administration — Send this

For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008					
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld					
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld					
				5 Medicare wages and tips		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12					
				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>			
				14 Other		12b					
				12c							
f Employee's address and ZIP code						12d					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State		Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
				18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

☐ CORRECTED (if checked)

**Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing
Plans, IRAs,
Insurance
Contracts, etc.**

**Copy C
For Recipient's
Records**

This information is
being furnished to
the Internal
Revenue Service.

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119 2004 Form 1099-R		
		\$				
		2a Taxable amount				
		\$				
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		\$		\$		
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
		\$		\$		
		7 Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other		
		\$		%		
		9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		
		\$		\$		
		\$		\$		
		13 Local tax withheld		14 Name of locality		
		\$		\$		
		\$		\$		
				15 Local distribution		
				\$		

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		\$		<div style="font-size: 48pt; font-weight: bold;">2004</div>		
		2a Taxable amount				
		\$		Form 1099-R		
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		Copy C For Recipient's Records
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)		4 Federal income tax withheld		
		\$		\$		
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		This information is being furnished to the Internal Revenue Service.
		\$		\$		
		7 Distribution code(s)		IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other	
			\$	%		
		9a Your percentage of total distribution %		9b Total employee contributions \$		
Account number (optional)		10 State tax withheld		11 State/Payer's state no.		12 State distribution
		\$		\$		\$
		13 Local tax withheld		14 Name of locality		15 Local distribution
		\$				\$
		\$				\$

ARIZONA FORM
140PTC

Property Tax Refund (Credit) Claim
You must file this form, or Form 204, by April 15, 2005.

2004

95 Check this box if amended for year 2004 <input type="checkbox"/>		
YOUR FIRST NAME AND INITIAL 1	LAST NAME	YOUR SOCIAL SECURITY NO.
IF A JOINT CLAIM, SPOUSE'S FIRST NAME AND INITIAL 1	LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO. 2	DAYTIME PHONE WITH AREA CODE	YOUR DATE OF BIRTH 79 M M D D Y Y Y Y
HOME ADDRESS CONTINUED 2	HOME PHONE WITH AREA CODE 94	
CITY, TOWN OR POST OFFICE 3	STATE ZIP CODE	FOR DOR USE ONLY

Qualifications for Credit (Check the boxes that apply):

- 4** On December 31, 2004, were you renting or did you own?
If you own a mobile home but rent the space, check "Rent"..
5 Were you an Arizona resident for all of 2004? If "No",
STOP. You do not qualify
- 6** Did you pay property taxes on your home, pay rent, or pay a
combination of both in 2004? See instructions for
qualifications. If "No", **STOP**. You do not qualify
- 7** Is this the only Property Tax Refund being claimed in your
household? If "No", **STOP**. You do not qualify.....
- 8** Were you age 65 or older in 2004? Enter your birth date in
box 79 above.....
- 9** Did you receive Title 16, SSI payments in 2004? If "Yes",
attach proof. If you answered "No" to both 8 and 9,
STOP. You do not qualify.

RENT	OWN								
4									
	YES	NO		88					
5									
				81			80		
6				82	CHECK ONE if filing under an extension:				
					4 month extension 82D <input type="checkbox"/>				
7					6 month extension 82F <input type="checkbox"/>				
8									
9									

<p>Income 10 Enter amt from pg 2, Part I, line J, col 4</p> <p>Credit 11a If you lived alone, enter credit from Sch I and check this box 11a <input type="checkbox"/> b If you didn't live alone, enter credit from Sch II and check this box..... 11b <input type="checkbox"/> 12 If you own your property, enter property taxes paid during 2004. (Attach proof). 13 If you rented, enter tax from Form 201 14 Total. Add lines 12 and 13..... 15 Tax Credit: Smaller of line 11 or line 14.</p>	<p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p>
--	---

- 16** If you have been claimed as a dependent on anyone else's tax return, complete the following:

Name of taxpayer who claimed you:

Social Security No.:

Address:

- 17** Credit for increased excise taxes from Form 140PTC, page 2, Part II, line 6

- 18** Enter the number from page 2, Part II, line 2, here **18**

- 19** **Total Credit:** Add lines 15 and 17, and enter the total. See page 5 of the instructions if you have to file

Arizona Form 140 or Form 140A.....

Direct Deposit of Refund: See page 5 of instructions.

ROUTING NUMBER

ACCOUNT NUMBER

98

☐ Checking or
☐ Savings

If this is your first claim for 2004, STOP HERE AND GO TO THE SIGNATURE BOX ON PAGE 2. If this is an amended claim, complete lines 20 through 22, and check the box at the top of the form.

AMENDED	
20 Enter the amount from line 5 of the worksheet on page 6 of the instructions	20
21 Additional refund: If line 19 is larger than line 20, subtract line 20 from line 19	21
22 Amount to pay: If line 19 is less than line 20, subtract line 19 from line 20. Make check payable to Arizona Department of Revenue; include SSN on payment	22

Continued on page 2 →

Part I Schedule of Household Income

	(1) YOU	(2) YOUR SPOUSE	(3) OTHER PERSONS	(4) TOTAL (1+2+3)
A Salaries, wages, tips, etc., received in 2004	A			
B Dividend and interest income received in 2004	B			
C Business and farm income	C			
D Gain or loss from sale or exchange of property	D			
E Pension and annuity income. Include Arizona state and local retirement benefits, civil service, and military retirement. Do not include social security or railroad retirement benefits	E			
F Rent and royalty income	F			
G Partnership, estate, and trust income	G			
H Alimony	H			
I Other Income: Specify source on separate sheet	I			
J Total household income: Add lines A through I in column 4. Enter here and on the front of this form, line 10	J			

Use the amount on line J, column 4, to compute your credit from the proper schedule below.

2004 Schedule I <i>If you live alone, use this Schedule.</i>				2004 Schedule II <i>If you live with your spouse or another person, use this Schedule.</i>			
Household Income	Tax Credit	Household Income	Tax Credit	Household Income	Tax Credit	Household Income	Tax Credit
\$ 0 - 1,750	\$502	\$ 2,751 - 2,850	\$256	\$ 0 - 2,500	\$502	\$ 4,001 - 4,150	\$256
1,751 - 1,850	479	2,851 - 2,950	234	2,501 - 2,650	479	4,151 - 4,300	234
1,851 - 1,950	457	2,951 - 3,050	212	2,651 - 2,800	457	4,301 - 4,450	212
1,951 - 2,050	435	3,051 - 3,150	189	2,801 - 2,950	435	4,451 - 4,600	189
2,051 - 2,150	412	3,151 - 3,250	167	2,951 - 3,100	412	4,601 - 4,750	167
2,151 - 2,250	390	3,251 - 3,350	145	3,101 - 3,250	390	4,751 - 4,900	145
2,251 - 2,350	368	3,351 - 3,450	123	3,251 - 3,400	368	4,901 - 5,050	123
2,351 - 2,450	345	3,451 - 3,550	100	3,401 - 3,550	345	5,051 - 5,200	100
2,451 - 2,550	323	3,551 - 3,650	78	3,551 - 3,700	323	5,201 - 5,350	78
2,551 - 2,650	301	3,651 - 3,750	56	3,701 - 3,850	301	5,351 - 5,500	56
2,651 - 2,750	279	3,751 and up	0	3,851 - 4,000	279	5,501 and up	0

Enter the amount of credit on the front of this form, line 11.

Part II Credit for Increased Excise Taxes

Do not complete Part II if you completed line 16 on page 1 of Form 140PTC. Do not complete Part II if you were sentenced for at least 60 days of 2004 to a county, state, or federal prison.

1 List dependents. See page 5 of the instructions.

	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2004
1a				
1b				
1c				

2 Enter total number of dependents listed on lines 1a through 1c	2	
3 If you are married filing a joint claim, enter the number "2" here. Otherwise, enter the number "1"	3	
4 Add the amount on line 2 and line 3, and enter the total	4	
5 Multiply the amount on line 4 by \$25, and enter the result	5	
6 Enter the smaller of line 5 or \$100. Also, enter this amount on Form 140PTC, page 1, line 17.	6	

I have read this claim and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE	YOUR SIGNATURE _____	DATE _____
	SPOUSE'S SIGNATURE _____	DATE _____
	PAID PREPARER'S SIGNATURE _____	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____
	PAID PREPARER'S TIN _____	DATE _____ PAID PREPARER'S ADDRESS _____

Mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.